



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of:

David A. KESSELMAN et al.

Application No.: 10/807,443

Filed: March 24, 2004

For: **INTERCHANGEABLE MOLD
BLADE**

Art Unit: 1732

Examiner: Matthew J. DANIELS

Confirmation No.: 3361

Atty. Docket No.: 29953-199352

Customer No.

26694

PATENT TRADEMARK OFFICE

RESPONSE TO RESTRICTION REQUIREMENT

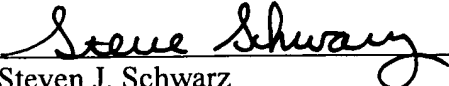
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to the requirement for restriction in the Office Action mailed on January 30, 2007, Applicants hereby elect, without traverse, Group II, containing claims 12-17, drawn to a process for changing blades. Further examination of these claims is respectfully requested.

Respectfully submitted,

Date: March 1, 2007


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IRW

| | | | | |
|--------------------------------------------------------------------------------|------|--------------------------|---------------------|--------------|
| FEE TRANSMITTAL For FY 2006 | | Complete if Known | | |
| | | Application Number | 10/807,443 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | March 24, 2004 | |
| | | First Named Inventor | David A. Kesselman | |
| | | Examiner Name | Matthew J. Daniels | |
| | | Art Unit | 1732 | |
| TOTAL AMOUNT OF PAYMENT | (\$) | 0 | Attorney Docket No. | 29953-199352 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|----------------------------------------------------|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | | | | |
|------------------------------------------------------------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 20 = _____ x _____ = _____ | | | | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | |
| - 3 = _____ x _____ = _____ | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|--------------------------------------------------|----------|---------------|
| - 100 = _____ | /50 | (round up to a whole number) x _____ | = _____ | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

| | | | |
|---------------------|-----------------------|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature | <u>Steven Schwarz</u> | Registration No. (Attorney/Agent) | 47,070 |
| Name (Print/Type) | Steven J. Schwarz | Telephone | (202) 344-4295 |
| | | Date | 3/1/2007 |

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